



FOLEY &amp; LARDNER LLP

ATTORNEYS AT LAW

WASHINGTON HARBOUR  
3000 K STREET, N.W., SUITE 500  
WASHINGTON, D.C. 20007-5143  
TELEPHONE: 202.672.6300  
FACSIMILE: 202.672.5399  
WWW.FOLEY.COM

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## FACSIMILE TRANSMISSION

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**From :** Stephen A. Bent  
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**Date :** November 6, 2006  
**Client/Matter No :** 030427-0108  
**User ID No :** 0056

MESSAGE: U.S. Patent Appln. S.N. 09/813,292

## ATTACHED PLEASE FIND THE FOLLOWING DOCUMENTS:

1. Notice of Appeal from the Examiner to the Board of Appeals (2 pgs) and
2. Credit Card Authorization Form (1pg).

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Cover Page 1 of 1

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NO. 6183 P. 2

NOV 06 2006

Atty. Dkt. No. 030427-0108

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Børge KRINGELUM, et al.

Title: METHOD FOR SUPPLY OF  
STARTER CULTURES HAVING  
A CONSISTENT QUALITY

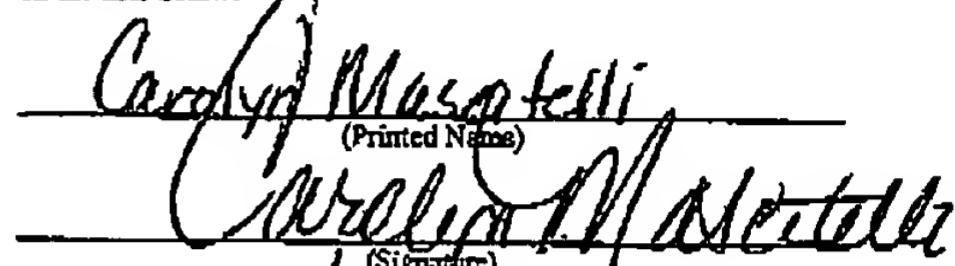
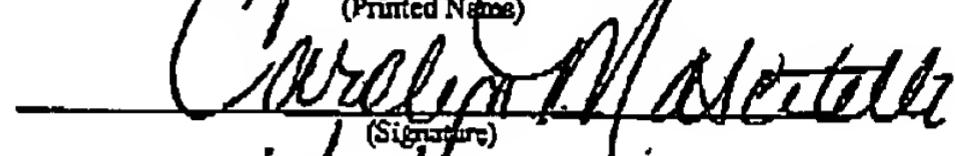
Appl. No.: 09/813,292

Filing Date: 3/21/2001

Examiner: Ruth A. Davis

Art Unit: 1651

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**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD  
OF PATENT APPEALS AND INTERFERENCES**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the Examiner in the Final Office Action dated July 7, 2006, finally rejecting Claims 1-31.

Applicant claims small entity status.

Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

Notice of Appeal Fee

To be paid as detailed below

11/07/2006 TL0111 00000028 09813292

Not required (Fee paid in prior appeal)

01 FC:1401 500.00 OP  
02 FC:1251 120.00 OP

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NO. 6183 P. 3

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Atty. Dkt. No. 030427-0108

The required fees are calculated below:

<input checked="" type="checkbox"/>	Notice of Appeal Fee	\$500.00
<input checked="" type="checkbox"/>	Extension for response filed within the first month:	\$120.00
<input type="checkbox"/>	Extension:	\$0.00
	FEE TOTAL:	\$620.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract 1/2 of above):	\$0.00
	TOTAL FEE:	\$620.00

A credit card payment form in the amount of \$620.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 6 November 2006

By S. A. Bent

FOLEY & LARDNER LLP  
Customer Number: 22428  
Telephone: (202) 672-5404  
Facsimile: (202) 672-5399

Stephen A. Bent  
Attorney for Applicant  
Registration No. 29,768

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